

Request Number
Assigned by Dept. of Ins.

DEPOSIT GRAND TOTALS

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Assigned by Dept. of Ins.

Company Name:	
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SECURITIES TO BE WITHDRAWN						
Description of Securities If withdrawing stock, identify whether common or preferred.	Cusip / Serial / Certificate Number	Rate	Maturity Dates	Par/Face Value	Market Value As of: _____	Deposit Value (Lower of Par or Market)
WITHDRAWAL GRAND TOTALS				-	-	-

If additional space is needed, use plain paper following columnar format above and have signers initial and date each page.

AUTHORIZATION

COMPANY			FINANCIAL INSTITUTION		
<p align="center">MUST BE COMPLETED BY AUTHORIZED COMPANY OFFICER</p> <p><i>The insurer certifies that the substituted/additional deposit/withdrawal without replacement is in compliance with Sections 11691 and 11691(c) of the California Insurance Code and Article 9.5, Subchapter 3, Chapter 5, Title 10 of the California Administrative Code.</i></p>			<p><i>We (depository) certify that this accounting is true and correct according to our best information and belief.</i></p>		
_____	_____	_____	_____	_____	<div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;"> <div>Depository Seal</div> </div>
<i>Signature of Company Officer</i>	<i>Print Name and Title</i>	<i>Date</i>	<i>Authorized Signature</i>	<i>Date</i>	
_____	_____	_____	_____	_____	
<i>Signature of Company Officer</i>	<i>Print Name and Title</i>	<i>Date</i>	<i>Authorized Signature</i>	<i>Date</i>	